FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002470 (7)

Principal Place of Business	Mailing Address	
6012 SUNBERRY CIRCLE	6012 SUNBERRY CIRCLE	
BOYNTON BEACH FL 33437	BOYNTON BEACH FL 33437	

FILED Mar 24 1998 8:00am Secretary of State

	CTION VALET SERVICE, INC	C. Mailing Address			
6012 SUNBER BOYNTON BE	RRY CIRCLE EACH FL 33437	6012 SUNBERRY CIRCLE BOYNTON BEACH FL 33		DO NOT WRITE IN THI	IC CDACE
			•	3. Date Incorporated or Qualified	O OFACE
				' '	
2. Principal P	lace of Business	2a. Mailing Address	······································	01/09/1997 4. FEI Number	Applied For
21		26		65-0717-925	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9, Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registers	od Agent
CA	RBONE, MICHAEL		81 Name		
60	12 SUNBERRY CIRCLE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BO	YNTON BEACH FL 33437				
			83		
			84 City	F	85 Zip Code
				ation's board of directors, i neleby accept the a	ppo
agent. I a	Signature, typud or printed name of registered age		orida Statutes. TE. Registered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a uried when reinstating)	
	Signature, typed or printed name of registered age	not and title if applicable (NO D DIRECTORS			ND DIRECTORS IN 12
SIGNATURE	Signature, typied or printed name of registered age OFFICERS AN	not and title if applicable (NO	TE. Registered Agent signature requ	uired when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE	Signature, typied or printed name of registered age OFFICERS AN PSD CARBONE, MICHAEL	not and title if applicable (NO D DIRECTORS	TE. Registered Agent signature requ	uired when reinstating) DATE	ND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature, typied or printed name of registered age OFFICERS AN PSD CARBONE, MICHAEL	not and title if applicable (NO D DIRECTORS DELETE	TE. Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating) DATE	: ND DIRECTORS IN 12 Change Addition
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contrate and that my signature shall have the same legal effect as if made under oath; that I am an To execute this report as required by Chapter 607, Fjorida Statutes; and that my name appears in